DISABLED EXEMPTION INFORMATION

Town of Fremont NH Office of the Selectmen PO Box 120 Fremont NH 03044-0120

(603) 895-2226

Application Criteria

- I. Applicant must be eligible under Title II or Title XVI of the Federal Social Security Act for benefits to the disabled as of April 1st of the tax year applying.
- **II.** Applicant must have resided in the state of New Hampshire for at least five years prior to year of application.
- III. Applicant must own real estate individually, own jointly or in common with the resident's spouse, either of whom meets the requirements for the exemption claimed; owned by a resident jointly or in common with a person not the resident's spouse, if the resident meets the applicable requirements for the exemption claimed; or owned by a resident, or the resident's spouse, either of whom meets the requirements for the exemption claimed, and when they have been married to each other for at least five (5) consecutive years.
- IV. Said real estate must be the principal place of abode of the applicant.

 Applicant must own said property on April 1st of the tax year applying.
- V. Property must meet the definition of residential real estate, per RSA 72:39-a I (c), which includes the housing unit, which is the person's principal home and related structures. It does not include attached dwelling units and unattached structures used or intended for commercial or other non-residential purposes.
- VI. Property cannot have been transferred to the applicant, from a person under the age of 65, and related to the applicant by blood or marriage, within the past five years.
- VII. This application form (5 pages) MUST be filed with the State of NH Form PA-29. Both forms are due in the Selectmen's Office by April 15th annually.

Financial Qualifications and Income Limitations

Includes income from any source including Social Security or pension but excludes:

- a) Life insurance paid on the death of an insured
- b) Expenses and costs incurred in the course of conducting a business enterprise
- c) Proceeds from the sale of assets

The income restrictions adopted by the community of Fremont are as follows:

Single Person \$25,000 Married Couple \$35,000

Asset Limitations

To include all net assets excluding the value of the applicant's actual residence and the land upon which it is located up to two acres. The asset restriction adopted by the community of Fremont is \$ 45,000.

Exemption Amount

As of the March 2009 the Town Meeting has adopted the Disabled Exemption in Fremont NH. The exemption amount is \$ 50,000.

Documents required for new applicants

- 1. SSA 1099 Statement (Social Security Benefit Statement)
- 2. Determination letter showing eligibility pursuant to Title II or Title XVI of the Federal Social Security Act.
- 3. Previous years income tax form if not filing a federal income tax form, the following forms will be required if applicable: Form 1099 R Distribution of pensions, annuities, retirement or profit sharing plans, IRA's, insurance contracts, etc)
- 4. Any W2 wage statements and 1099 interest statements.
- 5. Bank statements and verification of assets listed.

Applicants must come into the Selectmen's Office to file a permanent application for exemption (PA-29, the pink card application form) with the appropriate documentation. It can also be submitted by mail. If you get this application form from the web, you will print out a PA-29 on white paper.

A completed application consists of this five page form, and the State Form PA-29 form, which is a two page document.

If you have any questions, please contact the Fremont Selectmen's Office at the Town Hall, 295 Main Street. You can reach us by telephone at 895-2226 or by email at FremontTownHall@comcast.net.

TOWN OF FREMONT DISABLED TAX EXEMPTION QUALIFICATION

This worksheet is to be completed and submitted <u>along with</u> completed Form PA-29, Permanent Application for Property Tax Credit/Exemptions. All information supplied will be treated confidentially and any supporting documents will be returned upon approval or denial of the application. Please note the following **Income and Asset Limits** when considering submission of your application:

Married \$35,000

Single \$25,000

INCOME LIMITS:

ASSET LIMIT:	\$45,000		
submit a completed for PA	A33 (Statement of Quality	perty is owned by a trust, you must also cication) and submit a copy of the deed or a copy of the Declaration of Trust, in	
Please print all information	n clearly:		
Applicant's Name:			
Spouse:			
Property Address:			
Mailing Address:			
INCOME:	amount of all income for	or year for both you and your spouse.	
SOURCE: (Net income)	OWNER #1	OWNER #2	
Social Security	\$\$	-	
Pension & Retirement	\$		
Wages:	\$	\$	
Rental Income:	\$		
Other Income/Annuities:	\$	\$	
Interest Income:	\$	\$	

If you have filed any of the following for the prior tax year, please provide a copy.

- Interest and Dividend tax return to the State of NH
- 2. Federal Income Tax Form

INISTITUTION NAME: TYPE

ASSETS: Net assets means the value of all assets, tangible and intangible, minus the value any good faith encumbrances.

Please list all assets owned (Self & Spouse) Savings Accounts or Investments/Certificates: (CD's, Stocks & Bonds, IRA's, Annuities, Travel Trailers, Boats, Antiques, Cars etc.)

VALUE/AMOUNT

INOTHIOTION IN I	V/ (LOE// (IVIO	0111	
	Checking		
	Savings		
	Savings		
VEHICLES:			
A. Make/Model/Year/Mileage		Est Value \$	
B. Make/Model/Year/Mileage		Est Value \$	
C. Boat/Model/Year		Est Value \$	
D. RV/Model/Year		Est Value \$	
E. Other/Description		Est Value \$	
REAL ESTATE: (not including	your primary residenc	e)	
Property Type		In Town/State	
** Provide copy of tax bill	Assessed Value \$		

Residence means the housing unit, and related structures such as an unattached garage or woodshed, which is the person's principal home, and which the person in good faith regards as home to the exclusion of any other places where the person may temporarily live. Residence shall exclude attached dwelling units and unattached structures used or intended for commercial or other nonresidential purposes.

I swear under penalty of perjury that all the above is a correct and accurate accounting of my financial condition to the best of my knowledge. I further authorize any agency or financial institution to release information about me or copies of my records to any agent of the. I release all persons whomsoever from any liability resulting from the release of this information.

Owner 1 SIGNATURE:	DATE:	
PRINTED NAME:		
Owner 2 SIGNATURE:		
PRINTED NAME:		
TELEPHONE NUMBER		
For town use only	y:	
TOTAL ASSETS \$		
Items verified:		
OTHER NOTES:		